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## TRANSMITTAL FORM

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Total Number of Pages in This Submission **381**

Application Number **10/031,142**

Filing Date **09 NOVEMBER 2001**

First Named Inventor **ELDERING**

Group Art Unit **2611**

Examiner Name **UNKNOWN**

Attorney Docket Number **T711-14**

### ENCLOSURES (check all that apply)

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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name **Expanse Networks, Inc.**  
**Douglas J. Ryder, Reg. No. 43,073**

Signature

Date **07/26/02**

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## Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/031,142       |
| Filing Date          | 09 NOVEMBER 2001 |
| First Named Inventor | ELDERING         |
| Examiner Name        | UNKNOWN          |
| Group Art Unit       | 2611             |
| Attorney Docket No.  | T711-14          |

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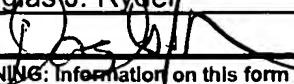
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| METHOD OF PAYMENT  |               |                 |                  | FEE CALCULATION (continued)   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
|--|---------------|-----------------|------------------|---|--------------|-----------------|----------|--------------|--------------|-----------------|-----------------|--------------------|---------------|---------------|------------------|--------------------|---------------|---------------|-----------------|--------------------------|-----|-----|-----|-------------------------------------|-----|-------------------|----|-----|-----|--|-----|------------------|-----|-----|-----|---------------------------|-----|--------------------|-------|-----|-------|---|----|------------------------|------|------------------------|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|------------------------|--|---|--|--|--|--|--|-----------------------------------|--|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <b>501535</b></p> <p>Deposit Account Name <b>Expanse Networks, Inc.</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>   |               |                 |                  | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="3">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th></th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>128</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td colspan="2">SUBTOTAL (3) (\$ 0.00)</td></tr> <tr><td colspan="6">*or number previously paid, if greater; For Reissues, see above</td></tr> <tr><td colspan="6">*Reduced by Basic Filing Fee Paid</td></tr> </tbody> </table> |              |                 |          | Large Entity | Small Entity | Fee Description |                 |                    | Fee Paid      | Fee Code (\$) | Fee Code (\$)    | Fee Code (\$)      | Fee Code (\$) | Fee Code (\$) |                 | 105                      | 130 | 205 | 65  | Surcharge - late filing fee or oath |     | 127               | 50 | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 139              | 130 | 139 | 130 | Non-English specification |     | 147                | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination |    | 112                    | 920* | 112                    | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 390 | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 128 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | SUBTOTAL (3) (\$ 0.00) |  | *or number previously paid, if greater; For Reissues, see above |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  |
| Large Entity   | Small Entity  | Fee Description |                  |   | Fee Paid     |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| Fee Code (\$)  | Fee Code (\$) | Fee Code (\$)   | Fee Code (\$)    | Fee Code (\$)   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 105  | 130           | 205             | 65               | Surcharge - late filing fee or oath   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 127  | 50            | 227             | 25               | Surcharge - late provisional filing fee or cover sheet  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 139  | 130           | 139             | 130              | Non-English specification   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 147  | 2,520         | 147             | 2,520            | For filing a request for ex parte reexamination   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 112  | 920*          | 112             | 920*             | Requesting publication of SIR prior to Examiner action  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 113  | 1,840*        | 113             | 1,840*           | Requesting publication of SIR after Examiner action   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 115  | 110           | 215             | 55               | Extension for reply within first month  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 116  | 390           | 216             | 195              | Extension for reply within second month   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 117  | 890           | 217             | 445              | Extension for reply within third month  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 118  | 1,390         | 218             | 695              | Extension for reply within fourth month   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 128  | 1,890         | 228             | 945              | Extension for reply within fifth month  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 119  | 310           | 219             | 155              | Notice of Appeal  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 120  | 310           | 220             | 155              | Filing a brief in support of an appeal  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 121  | 270           | 221             | 135              | Request for oral hearing  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 138  | 1,510         | 138             | 1,510            | Petition to institute a public use proceeding   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 140  | 110           | 240             | 55               | Petition to revive - unavoidable  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 141  | 1,240         | 241             | 620              | Petition to revive - unintentional  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 142  | 1,240         | 242             | 620              | Utility issue fee (or reissue)  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 143  | 440           | 243             | 220              | Design issue fee  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 144  | 600           | 244             | 300              | Plant issue fee   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 122  | 130           | 122             | 130              | Petitions to the Commissioner   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 123  | 50            | 123             | 50               | Processing fee under 37 CFR 1.17(q)   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 128  | 180           | 126             | 180              | Submission of Information Disclosure Stmt   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 581  | 40            | 581             | 40               | Recording each patent assignment per property (times number of properties)  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 146  | 710           | 246             | 355              | Filing a submission after final rejection (37 CFR § 1.129(a))   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 149  | 710           | 249             | 355              | For each additional invention to be examined (37 CFR § 1.129(b))  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 179  | 710           | 279             | 355              | Request for Continued Examination (RCE)   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 169  | 900           | 169             | 900              | Request for expedited examination of a design application   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| Other fee (specify) _____  |               |                 |                  | SUBTOTAL (3) (\$ 0.00)  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| *or number previously paid, if greater; For Reissues, see above  |               |                 |                  |   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid  |               |                 |                  |   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>  |               |                 |                  |   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| FEE CALCULATION  |               |                 |                  |   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="3">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th></th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (1) (\$ 0.00)</td><td></td></tr> </tbody> </table> |               |                 |                  | Large Entity  | Small Entity | Fee Description |          |              | Fee Paid     | Fee Code (\$)   | Fee Code (\$)   | Fee Code (\$)      | Fee Code (\$) | Fee Code (\$) |                  | 101                | 710           | 201           | 355             | Utility filing fee       |     | 106 | 320 | 206                                 | 160 | Design filing fee |    | 107 | 490 | 207  | 245 | Plant filing fee |     | 108 | 710 | 208                       | 355 | Reissue filing fee |       | 114 | 150   | 214   | 75 | Provisional filing fee |      | SUBTOTAL (1) (\$ 0.00) |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| Large Entity   | Small Entity  | Fee Description |                  |   | Fee Paid     |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| Fee Code (\$)  | Fee Code (\$) | Fee Code (\$)   | Fee Code (\$)    | Fee Code (\$)   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 101  | 710           | 201             | 355              | Utility filing fee  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 106  | 320           | 206             | 160              | Design filing fee   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 107  | 490           | 207             | 245              | Plant filing fee  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 108  | 710           | 208             | 355              | Reissue filing fee  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 114  | 150           | 214             | 75               | Provisional filing fee  |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| SUBTOTAL (1) (\$ 0.00)   |               |                 |                  |   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>83</td><td>-37** = 46</td><td>x 9.00 = 414.00</td></tr> <tr><td>Independent Claims</td><td>16</td><td>- 3** = 13</td><td>x 42.00 = 546.00</td></tr> <tr><td>Multiple Dependent</td><td></td><td></td><td>140.00 = (1.00)</td></tr> <tr><td colspan="4">SUBTOTAL (2) (\$ 960.00)</td></tr> </tbody> </table>   |               |                 |                  |   | Extra Claims | Fee from below  | Fee Paid | Total Claims | 83           | -37** = 46      | x 9.00 = 414.00 | Independent Claims | 16            | - 3** = 13    | x 42.00 = 546.00 | Multiple Dependent |               |               | 140.00 = (1.00) | SUBTOTAL (2) (\$ 960.00) |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
|  | Extra Claims  | Fee from below  | Fee Paid         |   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| Total Claims   | 83            | -37** = 46      | x 9.00 = 414.00  |   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| Independent Claims   | 16            | - 3** = 13      | x 42.00 = 546.00 |   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| Multiple Dependent   |               |                 | 140.00 = (1.00)  |   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| SUBTOTAL (2) (\$ 960.00)   |               |                 |                  |   |              |                 |          |              |              |                 |                 |                    |               |               |                  |                    |               |               |                 |                          |     |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |                        |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                        |  |   |  |  |  |  |  |                                   |  |  |  |  |  |

\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

| SUBMITTED BY      |   | Complete (if applicable)          |                |
|-------------------|---|-----------------------------------|----------------|
| Name (Print/Type) | <b>Douglas J. Ryder</b>   | Registration No. (Attorney/Agent) | 43,073         |
| Signature         |  | Telephone                         | (215) 348-0265 |
|                   |   | Date                              | 6/26/02        |

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CERTIFICATE OF MAILING (37 CFR 1.8(A))

PATENT

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Date: 07/16/02

Laura J. Kelly

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|  |                                |                                 |                                  |                           |
|--|--------------------------------|---------------------------------|----------------------------------|---------------------------|
| SERIAL NUMBER<br>10/031,142                                | U.S. ENTRY DATE<br>09 NOV 2001 | I.A. FILING DATE<br>10 MAY 2000 | FIRST NAMED INVENTOR<br>ELDERING | ATTY. DKT. NO.<br>T711-14 |
| TITLE<br>ADVERTISEMENT SUBGROUPS FOR DIGITAL VIDEO STREAMS |                                |                                 | ART UNIT<br>2611                 | EXAMINER<br>UNKNOWN       |

Assistant Commissioner for Patents  
Washington, D.C. 20231

**Request for Refund**

The International Preliminary Examination Report (IPER) for the corresponding international application (PCT application) was not mailed until February 13, 2002, well after the Applicant filed the above noted national phase Application (371 application) on November 9, 2001. Upon entry of a preliminary amendment being filed concurrently herewith, the 371 application will only contain claims that the IPER states meet the criteria for novelty, inventive step and industrial applicability as set out in PCT Article 33(1)-(4). Accordingly, Applicant submits that they should only be required to pay the basic filing fee described in 37 CFR 1.492(a) (5). Applicant respectfully request a refund of \$305 (the difference between the \$355 small entity national fee paid pursuant to 37 CFR 1.492(a)(4) and the \$50 small entity national fee pursuant to 37 CFR 1.492(a)(5).

Respectfully submitted,

  
Date: 6/21/02  
Douglas J. Ryder  
Registration No. 43,073

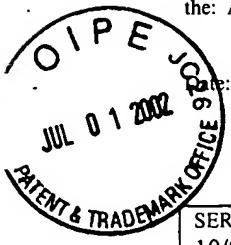
Expanse Networks, Inc.  
300 N. Broad St.  
Doylestown, PA 18901

Tel No. (215) 348-0265  
Fax No. (215) 348-4265  
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## CERTIFICATE OF MAILING (37 CFR 1.8(A))

PATENT

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.



*June 2002* *Laura J. Kelly*  
Laura J. Kelly

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|  |                                |                                 |                                  |                                      |
|--|--------------------------------|---------------------------------|----------------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/031,142                                | U.S. ENTRY DATE<br>09 NOV 2001 | I.A. FILING DATE<br>10 MAY 2000 | FIRST NAMED INVENTOR<br>ELDERING | ATTY. DKT. NO.<br>T711-14            |
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Assistant Commissioner for Patents  
Washington, D.C. 20231

## Request for Expedited Examination

The International Preliminary Examination Report (IPER) for the corresponding international application (PCT application) was not mailed until February 13, 2002, well after the Applicant filed the above noted national phase Application (371 application) on November 9, 2001. Upon entry of a preliminary amendment being filed concurrently herewith, the 371 application will only contain claims that the IPER states meet the criteria for novelty, inventive step and industrial applicability as set out in PCT Article 33(1)-(4). Accordingly, Applicant requests that this application be taken up out of order per 37 CFR 1.496(b).

In the event that the Examiner considers denying this request, the Applicant requests that the Examiner contact the undersigned attorney.

Respectfully submitted,

*Douglas J. Ryder*  
Douglas J. Ryder  
Registration No. 43,073

Date: *6/21/02*

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